

DoD Beneficiaries



UHC Survey No. 99-0019

DO NOT WRITE IN THIS AREA



RETURN INSTRUCTIONS

Thank you for your participation. Please return the completed questionnaire in the enclosed postage-paid envelope within **two weeks** of the date of the enclosed letter. If you have misplaced the envelope, our address is:

Office of the Assistant Secretary of Defense
Health Affairs
Survey Processing Activity
c/o Data Recognition Corporation
8900 Wyoming Ave. No.
Brooklyn Park, MN 55445

WHY IS THIS SURVEY IMPORTANT?

This survey is sponsored by the Assistant Secretary of Defense (Health Affairs). This health care survey is a large randomized survey of all uniformed service beneficiaries. We are seeking your opinion about your health and your use of health care services. This survey provides an important source of information for decision-makers at all levels within the Department of Defense. This survey provides Department of Defense leaders with a way to systematically measure access and satisfaction with current health care services. Please help us help you.

Your answers will **not** be shared with anyone and your name will **not** be associated with your answers. All information that would identify you or your family will be kept private.

You may notice a number on the cover of this survey. This number is only used to let us know if you returned your survey so we don't have to send reminders to you.

PRIVACY NOTICE

According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

Authority: 10 U.S.C., Chapter 55, Public Law 102-484, E.O. 9397.

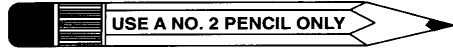
Purpose: This survey helps policy makers gauge beneficiary satisfaction with the current military health care system and provides valuable input from beneficiaries that will be used to improve the system.

Routine Uses: None

Disclosure: Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

INSTRUCTIONS FOR COMPLETING THE SURVEY

- Please use a No. 2 pencil.



- Make heavy black marks that fill the circle for your answer.
- Please do not make stray marks of any kind.

INCORRECT MARKS



CORRECT MARK



- Unless otherwise specified in the instructions for a question, only one answer should be marked.

Example:

How long has this child lived in his or her current local area?

- ☒ Less than 6 months
- ☐ 6-12 months
- ☐ 1-3 years
- ☐ More than 3 years

If your answer is "Less than 6 months," then mark just one circle as shown above.

- Sometimes you will be asked to enter a number in a row of boxes. When this occurs, you should write the requested information in the row of boxes and blacken the corresponding circles under the numbers you wrote.

Example:

- What age were you on your last birthday?
- Write the numbers in the boxes, making sure that the last number is always placed in the right-hand box.
- Fill in the unused boxes with zeros.
- Then, mark the matching circle below each box.

Age

2	6
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input checked="" type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input checked="" type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

1. Are you the person listed on the mailing label of the envelope this questionnaire came in?

H99001

- 1 ☐ Yes → Go to Question 2
2 ☐ No → Please give this questionnaire to the person on the mailing label, unless that person is permanently incapacitated or incarcerated so that completing the questionnaire would be difficult or impossible. → Go to Question 89, page 15

H99001_R See Note 1

2. Which health plan did you use most in the last 12 months? MARK ONLY ONE.

H99002

- 1 ☐ TRICARE Prime
2 ☐ TRICARE Senior Prime
3 ☐ TRICARE Extra/Standard (CHAMPUS)
4 ☐ Civilian health plan
5 ☐ Medicare, Part A and/or Part B
6 ☐ Medicaid
7 ☐ Other

3. Are you currently enrolled in TRICARE Prime or Senior Prime?

H99003

- 1 ☐ Yes
2 ☐ No
3 ☐ Not sure

4. Out of the last 12 months, how many months in a row have you been covered by TRICARE Prime?

H99004

- 1 ☐ None → Go to Question 6
2 ☐ Less than 2 months
3 ☐ 2 - 6 months
4 ☐ 7 - 12 months

H99004_R See Note 2

5. As a member of TRICARE Prime, did you have a primary care manager based in a military or civilian facility?

(A primary care manager is a health care provider who is your primary point of contact with the health system. He or she provides routine care, coordinates your total health care, arranges for hospital admissions, makes referrals to specialists, maintains health records, and recommends preventive and wellness services.)

- 1 ☐ A primary care manager based at a military facility (no co-payments required)
2 ☐ A primary care manager based at a civilian facility (co-payments required)
3 ☐ Not sure

H99005

6. In the last 12 months, did you usually use providers who were in the TRICARE Extra network?

H99006

- 1 ☐ Yes
2 ☐ No
3 ☐ Not sure
4 ☐ Did not use TRICARE Extra in the last 12 months

7. What health plan or health plans are you currently covered by? MARK ALL THAT APPLY.

(Include any health plan that currently covers you.)

- A ☐ None
B ☐ TRICARE Prime
C ☐ TRICARE Senior Prime
D ☐ TRICARE Extra/Standard (CHAMPUS)
E ☐ Medicare Part B
F ☐ CHAMPUS Supplemental health plan (This is a supplemental health plan that covers some or all of the costs not covered by TRICARE Extra/Standard.)
G ☐ Medigap health plan (This is a supplemental health plan that covers some or all of the expenses not covered by Medicare.)
H ☐ Federal Employees Health Benefits Program (FEHBP)
I ☐ Medicaid
J ☐ Other civilian health plan
K ☐ Other
L ☐ I don't know.

1 = marked
2 = unmarked

H99007A-H99007L

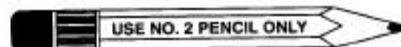
Your Preventive Health Care

Preventive care is medical care you receive that is intended to maintain your good health or prevent a future medical problem, such as a physical or a cholesterol screening.

8. Not counting when you were sick or pregnant, when was the last time you had a general medical or physical examination or checkup?

H99008

- 5 ☐ Less than 12 months ago
4 ☐ 1 to 2 years ago
3 ☐ More than 2 but less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never had a general physical or checkup



9. a. When did you last have a blood pressure reading?

H99009A

- 3 ☐ Less than 12 months ago
2 ☐ 1 to 2 years ago
1 ☐ More than 2 years ago

b. Do you know if your blood pressure is too high or not?

H99009B

- 1 ☐ Yes, it's too high.
2 ☐ No, it's not too high.
3 ☐ Don't know

10. When did you last have a cholesterol screening, that is, a test to determine the level of cholesterol in your blood?

H99010

- 5 ☐ Less than 12 months ago
4 ☐ 1 to 2 years ago
3 ☐ More than 2 but less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never had a cholesterol screening

11. When did you last have a flu shot?

H99011

- 4 ☐ Less than 12 months ago
3 ☐ 1 - 2 years ago
2 ☐ More than 2 years ago
1 ☐ Never had a flu shot

12. Have you ever *smoked* at least 100 cigarettes in your entire life?

H99012

- 1 ☐ Yes
2 ☐ No ➔ Go to Question 16
3 ☐ Don't know ➔ Go to Question 16

H99012_R See Note 3

13. Do you now smoke everyday, some days or not at all?

H99013

- 4 ☐ Every day ➔ Go to Question 15
3 ☐ Some days ➔ Go to Question 15
2 ☐ Not at all
1 ☐ Don't know ➔ Go to Question 15

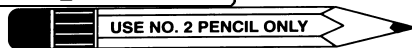
H99013_R See Note 3

14. How long has it been since you *quit smoking* cigarettes?

H99014

- 3 ☐ Less than 12 months
2 ☐ 12 months or more ➔ Go to Question 16
1 ☐ Don't know ➔ Go to Question 16

H99014_R See Note 3



15. In the last 12 months, on how many visits were you *advised to quit* smoking by a doctor or other health provider in your plan?

H99015

- 1 ☐ None
2 ☐ 1 visit
3 ☐ 2 to 4 visits
4 ☐ 5 to 9 visits
5 ☐ 10 or more visits

H99015_R See Note 3

16. Are you male or female?

SRSEX

- 1 ☐ Male ➔ Go to Question 17
2 ☐ Female ➔ Go to Question 18

XSEXA See Note 4 Part A

17. When was the last time you had a prostate gland examination or blood test for prostate disease?

H99017

- 5 ☐ Within the last 12 months
4 ☐ 1 to 2 years ago
3 ☐ More than 2 but less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never had a prostate gland examination

H99017_R See Note 4 Part B

Go to question 22, page 6

18. When did you last have a Pap smear test?

H99018

- 5 ☐ Within the last 12 months
4 ☐ 1 to 3 years ago
3 ☐ More than 3 but less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never had a Pap smear test

H99018_R See Note 4 Part C

19. a. Are you under age 40?

H99019A

- 1 ☐ Yes ➔ Go to Question 20, page 6
2 ☐ No ➔ Go to Question 19b

H99019AR See Notes 4C and 5

b. When was the last time your breasts were checked by mammography?

H99019B

- 5 ☐ Within the last 12 months
4 ☐ 1 to 2 years ago
3 ☐ 2 years to less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never had a mammogram

H99019BR See Notes 4C and 5

c. When was the last time you had a breast physical exam by a health care professional?

H99019C

- 5 ☐ Within the last 12 months
4 ☐ 1 to 2 years ago
3 ☐ 2 years to less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never had a breast physical exam

H99019CR See Notes 4C and 5

20. Have you been pregnant in the last 12 months or are you pregnant now?

H99020

- 1 ☐ Yes, I am currently pregnant. ➔ Go to Question 21a
2 ☐ No, I am not currently pregnant, but have been pregnant in the past 12 months.
➔ Go to Question 21b
3 ☐ No, I am not currently pregnant, and have not been pregnant in the past 12 months.
➔ Go to Question 22

H99020_R See Notes 4C and 6

21. a. In what trimester is your pregnancy?

- 1 ☐ First trimester
2 ☐ Second trimester
3 ☐ Third trimester

H99021A

H99021AR See Notes 4C and 6

b. In which trimester did you first receive prenatal care?

H99021B

- 4 ☐ First trimester
3 ☐ Second trimester
2 ☐ Third trimester
1 ☐ Did not receive prenatal care

H99021BR See Notes 4 C and 6

Your Personal Doctor or Nurse

The next questions ask about **your own** health care. **Do not** include care you got when you stayed overnight in a hospital. **Do not** include the times you went for dental care visits.

22. A **personal doctor or nurse** is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When you joined your health plan or at any time since then, did you get a **new** personal doctor or nurse?

H99022

- 1 ☐ Yes
2 ☐ No ➔ Go to Question 24

H99022_R See Note 7

23. With the choices your health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?

H99023

- 1 ☐ A big problem
2 ☐ A small problem
3 ☐ Not a problem
-6 ☐ I didn't get a new personal doctor or nurse.

H99023_R See Note 7

24. Do you have one person you think of as your personal doctor or nurse?

H99024

- 1 ☐ Yes
2 ☐ No ➔ Go to Question 26

H99024_R See Note 8

25. We want to know your rating of **your personal doctor or nurse**.

H99025

Use **any number from 0 to 10** where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?

- ☐ 0 Worst personal doctor or nurse possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best personal doctor or nurse possible
-6 ☐ I don't have a personal doctor or nurse.

Getting Health Care from a Specialist

When you answer the next questions, **do not** include dental visits.

26. **Specialists** are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 12 months, did you or a doctor think you needed to see a specialist?

H99026

- 1 ☐ Yes
2 ☐ No ➔ Go to Question 32, page 7

H99026_R See Note 9

27. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see?

H99027

- 1 ☐ A big problem
2 ☐ A small problem
3 ☐ Not a problem
-6 ☐ I didn't need to see a specialist in the last 12 months.

H99027_R See Note 9

28. In the last 12 months, did you see a specialist?

- 1 ☐ Yes
2 ☐ No ➔ Go to Question 32, page 7

H99028

H99028_R See Note 10

29. In the last 12 months, when you needed an appointment with a specialist, such as a surgeon, allergy, or skin doctor, how often did you have to wait more than the time requested by the referring provider?

H99029

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ I don't know.
- 6 ☐ I didn't need to get this type of care in the last 12 months.

H99029_R See Note 10

30. We want to know your rating of the specialist you saw most often in the last 12 months, including a personal doctor if he or she was a specialist.

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your specialist?

- ☐ 0 Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best specialist possible
- 6 ☐ I didn't see a specialist in the last 12 months.

H99030

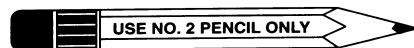
H99030_R See Note 10

31. In the last 12 months, was the specialist you saw most often the same doctor as your personal doctor?

H99031

- 1 ☐ Yes
- 2 ☐ No
- 6 ☐ I don't have a personal doctor or I didn't see a specialist in the last 12 months.

H99031_R See Note 10



Calling for Health Care, Help, or Advice

32. In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

H99032

- 1 ☐ Yes
- 2 ☐ No ➡ Go to Question 34

H99032_R See Note 11

33. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?

H99033

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 6 ☐ I didn't call for medical help or advice during regular office hours in the last 12 months.

34. In the last 12 months, did you call your regional health care advice and education line sometimes referred to as the Healthcare Information Line (HCIL)?

H99034

- 1 ☐ Yes
- 2 ☐ No ➡ Go to Question 36

H99034_R See Note 12

35. In the last 12 months, when you called your regional advice line, how often did you get the help or advice you needed for yourself?

H99035

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 6 ☐ I didn't call my regional advice line for help or advice in the last 12 months.

36. In the last 12 months, how often did you have to make 3 or more phone calls, when attempting to make an appointment for yourself with a health care professional?

H99036

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 6 ☐ I did not try to make any appointments for myself in the last 12 months.

Your Health Care in the Last 12 Months

This section refers to all the health care you received in the last 12 months, including all the health facilities, and providers you may have used over that 12 month period. When you answer the next questions, **do not** include dental visits.

37. In the last 12 months, what type of facility did you go to most often for health care? MARK ONLY ONE ANSWER.

(Please think about the type of facility (military or civilian) you select below when you answer questions 38 through 55.)

H99037

- 1 ☐ A military facility – This includes:
 Military clinic
 Military hospital (including sick call)
 PRIMUS clinic
 NAVCARE clinic
- 2 ☐ A civilian facility – This includes:
 Doctor's office
 Clinic
 Hospital
 Civilian TRICARE contractor
 Uniformed Services Family Health Plan facility (USFHP)
 Veterans Affairs (VA) clinic or hospital

3 ☐ I went to neither type of health care facility in the last 12 months.

➔ Go to Question 57, page 10

H99037_R See Note 13

38. In the last 12 months, did you go to an **emergency room** for your own care?

H99038

- 1 ☐ Yes ➔ Go to Question 39
 2 ☐ No ➔ Go to Question 40
 3 ☐ Not sure ➔ Go to Question 40

H99038_R See Notes 13 and 14

39. What were the reasons you used an emergency room in the last 12 months? MARK ALL THAT APPLY.

1 = marked 2 = unmarked

- A ☐ I was injured or acutely ill and needed to be seen right away.
 B ☐ A health care provider, advice line, or clinic staff advised me to go there.
 C ☐ It was after regular doctor's office or clinic hours.
 D ☐ I was out of the area or away from home.
 E ☐ It was less expensive for me.
 F ☐ It was more convenient for me.
 G ☐ I couldn't get off work during regular doctor's office or clinic hours.
 H ☐ It was difficult to get an appointment at a doctor's office or clinic.
 I ☐ Not sure
 J ☐ I did not go to an emergency room in the last 12 months.

H99039A-H99039J

H99039AR- H99039JR See Notes 13 and 14

40. In the last 12 months (not counting times you went to an emergency room) how many times did you go to a **doctor's office or clinic** in a **military** health care facility to get care for yourself?

- 1 ☐ None
 2 ☐ 1
 3 ☐ 2
 4 ☐ 3
 5 ☐ 4
 6 ☐ 5 to 9
 7 ☐ 10 or more

H99040

H99040_R See Note 13

41. In the last 12 months (not counting times you went to an emergency room) how many times did you go to a **doctor's office or clinic** in a **civilian** health care facility to get care for yourself?

- 1 ☐ None
 2 ☐ 1
 3 ☐ 2
 4 ☐ 3
 5 ☐ 4
 6 ☐ 5 to 9
 7 ☐ 10 or more

H99041

H99041_R See Note 13

42. In the last 12 months, when you needed a **well-patient visit**, such as a physical exam or check-up, how often did you have to wait **4 or more weeks**?

- 1 ☐ Never
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always
 -5 ☐ I don't know.
 -6 ☐ I didn't need to get this type of care in the last 12 months.

H99042

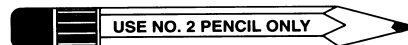
H99042_R See Note 13

43. In the last 12 months, when you needed an appointment for a **routine visit**, for health problems that were not urgent, how often did you have to wait **more than 7 days**?

- 1 ☐ Never
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always
 -5 ☐ I don't know.
 -6 ☐ I had no visits in the last 12 months.

H99043

H99043_R See Note 13



44. In the last 12 months, when you needed urgent care for an acute (serious) illness or injury, such as a broken arm or shortness of breath, how often did you get care within 24 hours?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ I don't know.
- 6 ☐ I had no visits in the last 12 months.

H99044

H99044_R See Note 13

45. In the last 12 months, how often did it take you more than 30 minutes to travel to the facility where you visit your primary care manager?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ I don't know.
- 6 ☐ I had no visits in the last 12 months.

H99045

H99045_R See Note 13

46. In the last 12 months, how often did you wait in the doctor's office or clinic more than 30 minutes past the appointment time to see the person you went to see?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ I don't know.
- 6 ☐ I had no visits in the last 12 months.

H99046

H99046_R See Note 13

47. In the last 12 months, how much of a problem, if any, was it to get care for yourself that you or a doctor believed necessary?

- 1 ☐ A big problem
- 2 ☐ A small problem
- 3 ☐ Not a problem
- 6 ☐ I had no visits in the last 12 months.

H99047

H99047_R See Note 13

48. In the last 12 months, how much of a problem, if any, were delays in your health care while you waited for approval from your health plan?

- 1 ☐ A big problem
- 2 ☐ A small problem
- 3 ☐ Not a problem
- 6 ☐ I had no visits in the last 12 months.

H99048

H99048_R See Note 13

49. In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 6 ☐ I had no visits in the last 12 months.

H99049

H99049_R See Note 13

50. In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 6 ☐ I had no visits in the last 12 months.

H99050

H99050_R See Note 13

51. In the last 12 months, how often did doctors or other health providers listen carefully to you?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 6 ☐ I had no visits in the last 12 months.

H99051

H99051_R See Note 13

52. In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 6 ☐ I had no visits in the last 12 months.

H99052

H99052_R See Note 13

53. In the last 12 months, how often did doctors or other health providers show respect for what you had to say?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 6 ☐ I had no visits in the last 12 months.

H99053

H99053_R See Note 13

54. In the last 12 months, how often did doctors or other health providers spend enough time with you?

- 1 ☐ Never
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always
 -6 ☐ I had no visits in the last 12 months.

H99054

H99054_R See Note 13

55. We want to know your rating of all your health care in the last 12 months from all doctors and other health providers.

H99055

Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?

- ☐ 0 Worst health care possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best health care possible
 -6 ☐ I had no visits in the last 12 months.

H99055_R See Note 13

56. In the last 12 months, how many prescriptions did you have that were written by a civilian provider but were filled at a military pharmacy? Please include refills.

H99056

- 2 ☐ 1 to 6 prescriptions and/or refills
 3 ☐ 7 to 12 prescriptions and/or refills
 4 ☐ More than 12 prescriptions and/or refills
 1 ☐ No prescriptions or refills

H99056_R See Note 13

Your Health Plan

The next questions ask about your experience with your primary health plan. Your primary health plan is the one you used most in the last 12 months.

57. Claims are sent to a health plan for payment. You may send in your claim yourself, or doctors, hospitals, or others may do this for you.

In the last 12 months, did you or anyone else send in any claims for yourself to your health plan?

- 1 ☐ Yes
 2 ☐ No → Go to Question 60
 3 ☐ Don't know → Go to Question 60

H99057

H99057_R See Note 15

58. In the last 12 months, how often did your health plan handle your claims in a reasonable time?

- 1 ☐ Never
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always
 -5 ☐ Don't know
 -6 ☐ No claims were sent to my health plan in the last 12 months.

H99058

59. In the last 12 months, how often did your health plan handle your claims correctly?

- 1 ☐ Never
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always
 -5 ☐ Don't know
 -6 ☐ No claims were sent to my health plan in the last 12 months.

H99059

60. In the last 12 months, before you went for care, how often did your health plan make it clear how much you would have to pay?

H99060

- 1 ☐ Never
 2 ☐ Sometimes
 3 ☐ Usually
 4 ☐ Always
 -5 ☐ Don't know
 -6 ☐ No claims were sent to my health plan in the last 12 months.

61. In the last 12 months, how much "out-of-pocket" money did you and your family members who were eligible for your military medical benefits spend on medical care, including premiums, enrollment fees, deductibles, co-insurance, and co-payments, that was not reimbursed by a health plan? Do not include dental expenses.

(If you have family coverage, include expenditures for yourself and all covered family members. Include prescription medications, but do not include over-the-counter medications. If you do not know the exact amount, estimate the amount.)

H99061A

☐ No expenses in the last 12 months

1 = marked
 2 = unmarked

Write the number in the boxes. →
 Then, mark the matching circle below each box. →

\$ per year			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

(Round to the nearest whole dollar.)

H99061B

H99061AR and H99061BR See Note 16

62. In the last 12 months, did you look for any information in written materials from your health plan?

- 1 ☐ Yes
2 ☐ No ➡ Go to Question 64

H99062

H99062_R See Note 17

63. In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?

- 1 ☐ A big problem
2 ☐ A small problem
3 ☐ Not a problem
-6 ☐ I didn't look for information from my health plan in the last 12 months.

H99063

64. In the last 12 months, did you call the health plan's customer service to get information or help?

- 1 ☐ Yes
2 ☐ No ➡ Go to Question 66

H99064

H99064_R See Note 18

65. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

- 1 ☐ A big problem
2 ☐ A small problem
3 ☐ Not a problem
-6 ☐ I didn't call my health plan's customer service in the last 12 months.

H99065

66. Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care for yourself.

In the last 12 months, did you have any experiences with paperwork for your health plan?

- 1 ☐ Yes
2 ☐ No ➡ Go to Question 68

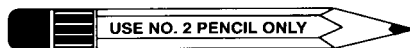
H99066

H99066_R See Note 19

67. In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?

- 1 ☐ A big problem
2 ☐ A small problem
3 ☐ Not a problem
-6 ☐ I didn't have any experiences with paperwork for my health plan in the last 12 months.

H99067



68. In the last 12 months, have you called or written your health plan with a complaint or problem?

- 1 ☐ Yes
2 ☐ No ➡ Go to Question 71

H99068

H99068_R See Note 20

69. How long did it take for your health plan to resolve your complaint?

- 1 ☐ Same day
2 ☐ 1 week
3 ☐ 2 weeks
4 ☐ 3 weeks
5 ☐ 4 or more weeks
6 ☐ I am still waiting for it to be resolved.
-6 ☐ I haven't called or written with a complaint in the last 12 months.

H99069

70. Was your complaint or problem settled to your satisfaction?

- 1 ☐ Yes
2 ☐ No
3 ☐ I am still waiting for it to be settled.
-6 ☐ I haven't called or written with a complaint in the last 12 months.

H99070

71. We want to know your rating of all your experience with your health plan.

H99071

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

- ☐ 0 Worst health plan possible
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 Best health plan possible

72. If you are currently enrolled in TRICARE Prime, how likely are you to disenroll from TRICARE Prime for a different type of health plan in the next 12 months?

- 1 ☐ Very unlikely
2 ☐ Unlikely
3 ☐ Neither likely nor unlikely
4 ☐ Likely
5 ☐ Very likely
-5 ☐ Not sure
-6 ☐ I am not currently enrolled in TRICARE Prime.

H99072

H99072_R See Note 23

73. If you are *not* currently enrolled in TRICARE Prime, how likely are you to enroll in TRICARE Prime in the next 12 months?

H99073

- 1 ☐ Very unlikely
- 2 ☐ Unlikely
- 3 ☐ Neither likely nor unlikely
- 4 ☐ Likely
- 5 ☐ Very likely
- 5 ☐ Not sure
- 6 ☐ I am already enrolled in TRICARE Prime.

H99073_R See Note 23

74. Has TRICARE had any effect on your decision whether or not to enroll in a civilian health plan?

- 1 ☐ No, TRICARE has had no effect on my decision whether or not to enroll in a civilian health plan.
- 2 ☐ Yes, I have enrolled in a civilian plan because of TRICARE.
- 3 ☐ Yes, I have dropped a civilian health plan because of TRICARE.

H99074

75. Has TRICARE had any effect on your decision whether or not to be covered by CHAMPUS supplemental insurance or Medicare supplemental insurance?

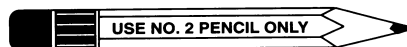
H99075

- 1 ☐ No, TRICARE has had no effect on my decision whether or not to be covered by supplemental insurance.
- 2 ☐ Yes, I have added supplemental insurance because of TRICARE.
- 3 ☐ Yes, I have dropped supplemental insurance because of TRICARE.

76. Please indicate how you feel about your TRICARE health plan. MARK ALL THAT APPLY.

H99076A – H99076G

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
A	a. Your TRICARE health plan has limited your ability to get the health care you need.	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
B	b. Your TRICARE health plan has limited your ability to see the doctor of your choice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C	c. Your TRICARE health plan does not have good enough health benefits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D	d. Your TRICARE health plan costs too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E	e. You have recently left the military and don't like the transitional health plan, called the Continuing Health Care Benefits Program or CHCBP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F	f. The military reneged on its promise of free lifetime health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G	g. You don't like TRICARE in general.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Your Health

77. In general, would you say your health is:

- 5 ☐ Excellent
 4 ☐ Very good
 3 ☐ Good
 2 ☐ Fair
 1 ☐ Poor

H99077

78. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

- 3 ☐ Yes, limited a lot
 2 ☐ Yes, limited a little
 1 ☐ No, not limited at all

H99078A

b. Climbing several flights of stairs

- 3 ☐ Yes, limited a lot
 2 ☐ Yes, limited a little
 1 ☐ No, not limited at all

H99078B

79. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

a. Accomplished less than you would like

- 1 ☐ Yes
 2 ☐ No

H99079A

b. Were limited in the kind of work or other activities

- 1 ☐ Yes
 2 ☐ No

H99079B

80. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

a. Accomplished less than you would like

- 1 ☐ Yes
 2 ☐ No

H99080A

b. Did work or other activities less carefully than usual

- 1 ☐ Yes
 2 ☐ No

H99080B

81. During the past 4 weeks, how much did pain interfere with your normal work (including work both outside the home and housework)?

- 1 ☐ Not at all
 2 ☐ A little bit
 3 ☐ Moderately
 4 ☐ Quite a bit
 5 ☐ Extremely

H99081

82. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please indicate the one answer that comes closer to the way you have been feeling.

How much of the time during the past 4 weeks:

a. Have you felt calm and peaceful?

- 6 ☐ All of the time
 5 ☐ Most of the time
 4 ☐ A good bit of the time
 3 ☐ Some of the time
 2 ☐ A little of the time
 1 ☐ None of the time

H99082A

b. Did you have a lot of energy?

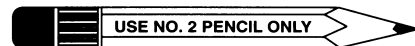
- 6 ☐ All of the time
 5 ☐ Most of the time
 4 ☐ A good bit of the time
 3 ☐ Some of the time
 2 ☐ A little of the time
 1 ☐ None of the time

H99082B

c. Have you felt downhearted and depressed?

- 6 ☐ All of the time
 5 ☐ Most of the time
 4 ☐ A good bit of the time
 3 ☐ Some of the time
 2 ☐ A little of the time
 1 ☐ None of the time

H99082C



83. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

H99083

- 5 ☐ All of the time
4 ☐ Most of the time
3 ☐ Some of the time
2 ☐ A little of the time
1 ☐ None of the time

About You

Information in this section will be used to study how different kinds of people view our health care system. This information will not be used to identify you personally.

84. Are you Spanish/Hispanic/Latino? MARK "No" if not Spanish/Hispanic/Latino.

H99084

- 1 ☐ No, not Spanish/Hispanic/Latino
2 ☐ Yes, Mexican, Mexican American, Chicano
3 ☐ Yes, Puerto Rican
4 ☐ Yes, Cuban
5 ☐ Yes, other Spanish/Hispanic/Latino

85. What is your race? MARK ONE OR MORE races to indicate what you consider yourself to be.

1 = marked
2 = unmarked

- A ☐ White
B ☐ Black or African American
C ☐ American Indian or Alaska Native
D ☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, or Vietnamese)
E ☐ Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, or Chamorro)

SRRACEA - SRRACEE

86. What is the highest grade or level of school that you have completed? MARK ONLY ONE.

1 = marked
2 = unmarked

- A ☐ 8th grade or less
B ☐ Some high school, but did not graduate
C ☐ High school graduate or GED
D ☐ Some college or 2-year degree
E ☐ 4-year college graduate
F ☐ More than 4-year college degree

SREDA - SREDF

SREDHIGH See Note 21

87. During the last 12 months, how many days of paid work did you miss due to your own illness or injury?

- ☐ I didn't miss any paid work days.

1 = marked
2 = unmarked
H99087A

(If more than 99 days, mark "99".)

Days		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

← Write the number in the boxes.

← Then, mark the matching circle below each box.

H99087B

H99087AR and H99087BR See Note 22

88. How long have you lived in your current local area?

- 1 ☐ Less than 6 months
2 ☐ 6 months to less than a year
3 ☐ 1 - 3 years
4 ☐ More than 3 years

H99088

89. Please return the completed survey in the postage-paid envelope. Even if you only answered question #1, it is important that you return the survey.

PLEASE RETURN YOUR COMPLETED SURVEY IN THE BUSINESS REPLY ENVELOPE TO:

Office of the Assistant Secretary of Defense
Health Affairs
Survey Processing Activity
c/o Data Recognition Corporation
8900 Wyoming Ave. No.
Brooklyn Park, MN 55445

IF YOU ARE RETURNING THE SURVEY FROM ANOTHER COUNTRY, BE SURE TO RETURN THE BUSINESS REPLY ENVELOPE ONLY THROUGH A U.S. GOVERNMENT MAIL ROOM OR POST OFFICE.

FOREIGN POSTAL SYSTEMS WILL NOT DELIVER BUSINESS REPLY MAIL.

THANK YOU



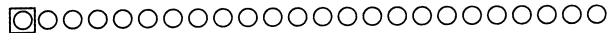
FOR OFFICE USE ONLY
DO NOT WRITE IN THIS AREA

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c/o Data Recognition Corporation
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THE BUSINESS REPLY ENVELOPE ONLY THROUGH A U.S. GOVERNMENT MAIL ROOM OR
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